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HUMAN QUARANTINE. THE AUSTRALIAN APPROACH TO A WORLD PROBLEM

This article has been contributed by the Commonwealth Department of Community Services and Health.

Quarantine in Australia began with the arrival of the First Fleet at Sydney Cove and has since remained a major public health pre-occupation.

However it was not until 1909 that a federal quarantine service was created as a unit of the Department of Trade and Customs.

The federal Constitution had provided for quarantine as the only specific health power of the new Commonwealth Parliament but it was not until 1921 that federal Cabinet approved the creation of a Ministry of Health. The Director of Quarantine became the Director-General of Health and the quarantine services were transferred from the control of the Minister for Trade and Customs to the Minister for Health.

Administration of the Quarantine Act also involved responsibility for quarantine with respect to animals and plants moving into Australia. However in 1984 the functions relating to animal and plant quarantine were transferred to the Commonwealth Department of Primary Industry, the responsibility for human quarantine remaining with the Department of Health.

Early problems

When the First Fleet arrived, Sydney Cove was regarded as a healthy place. But the convicts and soldiers were not free from the epidemic scourges common in the more civilised parts of the world. Diseases recorded in the struggling days of the first settlement included cholera, dysentery, smallpox, typhoid fever and venereal diseases.

In 1789, one year after the arrival of the First Fleet, there was an outbreak of smallpox amongst the Aboriginals, causing deaths over a wide region. However, Governor Phillip did not believe that the epidemic was linked with the arrival of the First Fleet as the first cases of the disease were observed some 15 months after the arrival of the Europeans. It was doubted that the smallpox virus was capable of sustaining over such a long period of time.

To combat smallpox, supplies of vaccine were sought from England and by 1806, 1,000 of the population of 7,000 had been vaccinated.

The first line of defence against the importation of disease was also established in this period. In 1804, vessels from New York were ordered into quarantine for fourteen days on arrival at Port Jackson because of an 'infectious distemper" [1] raging in their home-port. In the following year the ship **Richard and Mary** was quarantined 'till further orders' in Sydney Harbour as the crew was 'infected with a dangerous fever'.[2]

As the Australian colonies developed, each used quarantine as a primary safeguard of the community's health. Medicine was just beginning to establish the basis of a scientific approach while public health techniques were generally confined to establishing and maintaining clean water supply and sewerage systems, and enforcing standards for food handling and quarantine. The practice of separating travellers suspected of being disease carriers was well established, dating back to Venice in the fourteenth century.

First quarantine measures [3]

The fragmented nature of the Australian colonies and their differing quarantine measures in the days of sail were not then of great public concern. The time taken on the voyage from Europe, England or America ensured that any infectious disease incubating among passengers or crew would have broken out by the time the ship arrived at its Australian destination and could be detected and dealt with. Quarantine measures were generally able to prevent the diseases penetrating the port population.

With the increasing speed of sea transport in the latter half of the last century, the opening of the Suez Canal and the growing practice of ships calling at a number of Australian ports instead of the earlier practice of only one, the picture began to change. Ships using the Suez route were not only reaching Australia more quickly, but were touching at Middle Eastern and Asian ports where serious diseases were endemic.

In 1884 the Government of New South Wales convened a conference of representatives from each colonial government, known as 'The Australasian Sanitary Conference of Sydney, NSW, 1884'. It called for a co-ordinated scheme of quarantine for both Australia and the nearby Pacific Islands. The delegates were insistent that a co-ordinated quarantine system be accompanied by effective internal sanitation measures. Their report said:

Quarantine can be, and is, of value commensurate with its costs only to countries whose internal sanitation is good; it cannot be considered, therefore, except as a part of the general subject of State Medicine. [4]

As part of an Australia-wide quarantine system the conference sought the establishment of two quarantine stations -- one at Albany in Western Australia and the other at Cooktown in Queensland, the two main shipping approaches to Australian ports. Nothing came of the recommendations, but the need to protect the people of Australia from imported disease was not lost sight of altogether. When the Constitution of the Commonwealth of Australia was finally established, quarantine measures were included in the legislative powers of the Commonwealth. Health measures as such, however, were to remain a province of the States.

The newly-formed Commonwealth Government found very early in its life that it had to become involved in a practical way with health measures when, one year after it came into being, it had to deal with the plague which had reached Australia in 1900. Though not the first time that the disease had appeared in Australian ports, it was the first time since the Commonwealth had assumed responsibility for quarantine measures. The outbreak lasted ten years in a sporadic pattern affecting all States except Tasmania. Although it did not reach alarming proportions the occurrence prompted co-ordinated action by the States.

Plague and national quarantine

It had been established by then that infected fleas from rats spread plague, and Commonwealth action to prevent the entry of the disease was sought. in 1904 health authorities from each State and the Commonwealth met and recommended the creation of a Federal Quarantine Service, to be controlled by the central government but operated by the Chief Health Officers in each State to whom authority would be delegated by the Commonwealth. Finally in 1906, the six State Premiers agreed to hand over quarantine administration to the Commonwealth, and on I July 1909 the Federal Quarantine Service began operations, within the Department of Trade and Customs.

However, this somewhat loose method of Commonwealth-State co-operation soon ran into difficulties. In 1910 Victoria withdrew from the system, with the State Government claiming that the performance of quarantine duties by its senior officer interfered with State health duties. The Commonwealth was urged to appoint its own staff and in August 1911 this was done with the appointment of a Chief Quarantine Officer for Victoria.

With the exception of Tasmania, all the States found problems which interfered with the smooth working of the original proposal and by 1916 a Commonwealth Medical Chief Quarantine Officer had been appointed to each of the mainland States. In Tasmania the original system continued until July 1929.

The main problems of this exercise in State-Commonwealth co-operation revolved around the Commonwealth being called upon to administer a public service with part-time staff. The States found difficulty in carrying out their ordinary health duties because of the arrangement. The situation was further complicated by the fact that the Commonwealth was legally responsible for a service which was administered by officers who were not responsible to the Commonwealth.

The powers of the Commonwealth were seen as complementary to those of the States and not dominant. The States, on the other hand, could prescribe measures but did not have the facilities to carry them out. The Quarantine Act was amended by the Commonwealth on a number of occasions in the next few years as new problems arose. The amendments expanded the Commonwealth's authority in quarantine matters to cover internal epidemics, as well as improving overall quarantine methods for diseases from outside the country.

Influenza epidemic

Among the influences leading to the establishment of the Commonwealth Department of Health in 1921 was the international influenza epidemic at the end of World War I. The Commonwealth and the States were unable to co-ordinate quarantine and health measures. Added to this, it was feared that troops returning home would introduce many of the diseases prevalent in the areas in which they had served. Newspaper columns were filled with conflicting statements from the various governments.

The epidemic was well under way in Australia by 1919 and had a drastic effect on community life. Because of the infectious nature of the disease, gatherings were discouraged, theatres and hotels closed, masks were worn in public and antiseptic fumes regularly inhaled. People became fearful as, one after the other, Australia's cities reported deaths by pneumonic influenza.

But if the citizens at home found the restrictions introduced to fight the disease irksome, what of the troops returning from the trenches of Europe and the deserts of the Middle East after four years of war? Many instances were reported of unruly reactions by troops who, expecting a heroes' welcome, were met by quarantine officials instead.

Returned men object to treatment

One outstanding incident was the 'mutiny' of the troops returning on the **Argyleshire** with Sydney the final port of call. At their first Australian port, the troops had to coal their own ship because of quarantine restrictions which were imposed again in Melbourne. In Sydney a case of influenza was diagnosed and the men were put into a makeshift camp at the North Head Quarantine Station. The men said the camp was unsuitable, being infested with snakes -- sixty snakes were killed the first night.

The following day about nine hundred of the troops marched out of the Quarantine Station and down the hill to Manly wharves. There they boarded a ferry for the city.

They were met by the Army's State Commandant, Major-General Lee, who heard their complaints about the North Head camp. He castigated them for their 'unsoldierly' conduct and ordered them to Sydney Cricket Ground to continue their quarantine. In good order the men marched to the Sydney Cricket Ground but halted outside, refusing to enter until they were told of the conditions of their quarantine and the length of time it would take.

Major-General Lee refused to give any assurances, but the men entered after conferring with State Cabinet Ministers and being told exactly what was required of them. The release of the men began two days later after medical examination.

The confinement was hard on all the troops but particularly for those who lived in the suburbs surrounding the Sydney Cricket Ground. There were many anguished comments reported from the men (some of whom could see their homes across the park), their wives and parents. Emergency food supplies were organised by volunteers to feed the men before they entered the Sydney Cricket Ground and during their quarantine period, although they were also fed by the Army. Small boys provided a messenger service to and from local stores. Messages and money were dropped over the fences and parcels hauled up on ropes, while many an emotional re-union was carried on over the distance separating the crowd outside and the men at the walls and windows of the Cricket Ground.

Hookworm campaign

In 1918 hookworm infestations of serious proportions were discovered in north Queensland and a joint campaign was carried out involving the Commonwealth Government, the States and the International Health Board of New York. They joined in a five year campaign to survey and treat the disease in Australia. This exercise provided a final impetus to the pressures which pushed the hesitant Commonwealth into a sphere which had until then been the responsibility of State and local authorities.

Changing patterns of world disease, increasing travel, developments in public health, increasing emphasis on individual freedom, advances in technology, and more enlightened and better informed bureaucracies have led to major changes in the philosophies and strategies of human quarantine in recent times, and especially in the last decade.

The comforting isolation of our island position and the natural barriers of time and distance became less and less relevant as transport became speedier and more flexible, and trade and travel increased.

National responsibility and development

The Department of Community Services and Health has had overall national responsibility for human quarantine since the creation of the Department in 1921. The responsibility has been a heavy one as the health of every Australian has been dependent on effective quarantine management and operation. Notwithstanding dramatic recent world advances with the

eradication and control of many human diseases, others continue to pose serious problems in many countries and new, highly dangerous diseases have emerged on the world scene. This emphasises the need for continuing vigilance.

The establishment of a high security human quarantine treatment unit at the Fairfield Infectious Diseases Hospital in Melbourne as a national reference centre for the treatment of quarantine disease was an important, development in new arrangements designed to meet present day needs.

The decision was a direct response to changing world disease patterns. With the eliminationation of smallpox worldwide - a public health triumph achieved under the sponsorship of the World Health Organisation - Australia no longer has a need for the large scale isolation capability which our capital city human quarantine stations currently provided. These stations are being progressively closed.

Emergence of other diseases

There are, of course, a number of other quarantine diseases to which Australia remains susceptible. These diseases continue to pose serious problems overseas and the health authorities remain alert to any adverse trends. The occasional imported case of typhoid and cholera, and the disturbing and relatively frequent cases of other food and water borne diseases on international aircraft arriving in this country, further attest to the continuing need for vigilance by a quarantine service ready to react to any exotic disease emergency.

In recent years the world has also seen the emergence in Africa of new, highly dangerous viral haemorrhagic fevers, the best known of which are Lassa fever and Marburg virus disease. These and other quarantine ,diseases, have long incubation periods which exceed the travel time from any part of the world. Disease symptoms in the traveller may not emerge until some days after his arrival in Australia.

There is general agreement among Commonwealth and State health authorities that the best approach to these developments is to integrate selected quarantine functions into the health care framework in each State. By arrangement, treatment, care and investigation of individual cases are undertaken by the States.

With the high standards of health care and sanitation in Australia, the possibility of a major outbreak of Lassa fever, Marburg virus and similar diseases following an imported case, is reduced significantly.

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